

# PROVIDER ALERT

STATE OF CONNECTICUT  
DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES  
General Assistance Behavioral Health Program (GABHP)

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## IMPORTANT PROGRAM UPDATE

Issued on September 4, 2007

### Change in Claims Submission - Diagnosis Selection for Claims Submitted for Co-Occurring Services

Beginning with CLAIMS submitted on and after 9/12/07, there will be a change in the method in which providers can identify diagnoses on claims submitted for individuals receiving treatment for co-occurring disorders. This change in practice is being made as part of an ongoing effort to align administrative processes with one of the guiding principles of the DMHAS Commissioner's Co-Occurring Disorders Initiative – "Mental health and substance use disorders are both 'primary.'"

Current practice requires that providers identify a primary DSM-IV-R Axis I diagnosis that coincides with the procedure code being billed (i.e., a substance abuse diagnosis must be identified as primary when submitting claims for a substance abuse procedure code/service; a mental health diagnosis must be identified as primary when submitting claims for a mental health procedure code/service).

The new practice beginning on 9/12/07 will be as follows: Claims submitted for mental health and addiction treatment services for individuals with co-occurring disorders provided to any individual currently or potentially eligible for reimbursement via the General Assistance Behavioral Health Program should contain at least one substance abuse AND one mental health diagnosis that falls within the range of covered diagnoses. The claims adjudication process performed by Advanced Behavioral Health, Inc. will review **ALL** diagnoses submitted on the claims form before rendering a decision regarding a match between the procedure/revenue code and diagnoses submitted. *NOTE: Any claim submitted with a single diagnostic code that does not match the procedure/revenue code will continue to be denied (e.g., a claim with only a mental health diagnosis but for a substance abuse procedure code/service).*

As indicated in the GA Behavioral Health Program Provider Manual, covered services are reimbursable to those individuals with a diagnosis or diagnoses that fall within the range of diagnostic codes from 291.1 to 292.99, or 295 to 307.88, or 307.90 to 315.99.

No special flagging of claims submitted on and after September 12, 2007 is needed.

If you have questions regarding the new claims filing guidelines, please contact the ABH Provider Relations Department at (800) 606-3677, Option 3.